PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/693614

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS					1. or 1.		Γ	RATE	FEE		RATE	FEE
FO	R		NUMBER FILED			ER EXTRA	В	ASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	3Υ minus 20=		*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	<i>3</i> minus 3 =		*			X40=	-	OR	X80=	en e
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	<u></u>
* If the difference in column 1 is less than zero, enter "0" is						olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										OTHER THAN		
		(Column 1)	Design Saverson	(Colui		(Column 3)	; 1 —	SMALL E		OR	SMALLI	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	÷.	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	3
	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=	•
<u> </u>	THOTTHESE	TOTATION OF W	OLINI EL DEI	LINDLIN	OLAIM		, L	+135=		OR	+270=	
							L. .	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
			JUII. 1 LL			A0011.1 EE1						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	. O. A.D.A	=	┨╏	X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	JUITPLE DEF	ENDEN	CLAIM		J	+135=		OR	+270=	
										OR	TOTAL ADDIT: FEE	·
		(Column 1)		(Colu		(Column 3)		ODIT. FEE L		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NÜM PREVII PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL A134	=		X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Proviously Raid For" IN THIS SPACE is less than 20, page 190 "										ΟB	TOTAL	
***	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											